



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND TRAFFIC TRIBUNAL
345 HARRIS AVENUE
PROVIDENCE, RI 02909

DATE: _____

MOTION TO VACATE JUDGMENT
(All Motions are done in the Providence Location)

MOTORIST'S NAME: _____
LAST FIRST MI

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE () _____

SUMMONS NO: _____ LICENSE NO. _____

HEARING DATE: _____ 2:00 P.M. COURTROOM _____
(NOT LESS THAN FIVE (5) DAYS FROM FILING DATE) (PROVIDENCE)

I. REASON FOR MOTION: _____

II: I HEREBY CERTIFY THAT I HAVE A VALID DEFENSE TO THE CHARGE(S),
WHICH DEFENSE IS AS FOLLOWS:

SIGNATURE OF ATTORNEY

SIGNATURE OF MOTORIST

CERTIFICATION

(PLEASE PRINT or TYPE)

I, _____, do hereby certify that I have caused to be forwarded a
copy of the above Motion by ordinary mail, postage prepaid to the _____
Police Department / and or the Attorney General for Breathalyzer cases only on the _____ day of
_____, _____.
(Month) (Year)

SIGNATURE OF CERTIFICATION

If further information is to be submitted, please attach an additional sheet.